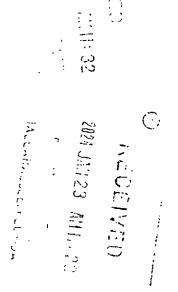
## M230009695

(Ř	requestor's Name)
(A	ddress)
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(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to Fil	ing Officer.
	J DERWIS
	Jan 24 0124

Office Use Only



200422275022



## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. 1	Name of the limited liability company: KETER ENVIRO	ONMENTAL SEF	RVICES, LLC		
2. (a	4 High Ridge Park, Suite 202	(b)			
2. (1.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Stamford, CT 06905				
	07/21/2023	M23000	0009695		
3.	Date of filing/registration in Florida	4,	Document number		
5. (a	C_T_Corporation_System				
J. (u	Registered Agent and Registered Office shown on the records of the 1200 South Pine Island Road	ne Florida Dept. of S	State:		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
			· · · · · · · · · · · · · · · · · · ·		
	Plantation , FL_	33324	77 77		
	· · · · ·		—		
(b)					
` '	Enter name of NEW Registered Agent and/or NEW Registered (	Office address:	-		
	Corporation Service Company				
	NEW Registered Office Address:				
	1201 Hays Street		<u> </u>		
	Tallahassee, FL	32301	<u> </u>		
chang agent was/w	limited liability company is not organized under the laws e or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab very authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the li	s of the State of a egistered office ility company, i the limited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in		
Jill Cilmi, Authorized Person					
_	aturn of a member or authorized representative of a member		Printed or typed name of signee		
I here provis the ob to men	the accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po- ligations of my position as registered agent as provided , rely reflect a change in the registered office address, I he d in writing of this change.	e to act in this co erformance of m for in Chapter 6 reby confirm the	apacity. I further agree to comply with the sy duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been		
noiijie					
Signat	ure of Registered Agent	ı M. Casper, <i>i</i>	Asst. Vice President		

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